

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2903

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Bonhomme Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
144 Electric St. Kirkwood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
\_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Louisa A. Masters

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grant 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept. 22 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 1 hr. \_\_\_\_\_ min.

9. Birthplace Jefferson County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Winfield J. Scott

13. Birthplace Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Parker

15. Birthplace Mich.  
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Masters

(b) Address 119 S. Jefferson, Kirkwood

17. (a) Burial (b) Date thereof 12-27-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cook Hill Cem.

18. (a) Signature of funeral director Louis H. Bopp, Jr.

(b) Address Kirkwood, Mo.

19. (a) DEC 27 1943 (b) C. J. McHarris, Jr.  
(Date) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 144 Electric St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23  
year 1943 hour 4:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration \_\_\_\_\_

Due to Hypertrophy and dilatation of heart; Coronary occlusion;

Due to Healed infarct of myocardium.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes. gffs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature N. S. Preybofle Dep. Coroner (M. D. or other) \_\_\_\_\_

Address Kirkwood, Mo. Date signed \_\_\_\_\_

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

76  
4  
3

MOTHER FATHER

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Felix Husband

Licensed Embalmer No. 3034

P. O. Address Kutwood mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.